

Directions: Please check the appropriate line for any of the following symptoms which you now have or have had previously. We want all the facts about your health before we accept your case. If you have difficulty, please ask the receptionist.

MUSCULOSKELETAL

- low back pain, stiffness
- neck pain, stiffness
- pain in shoulders
- pain between shoulders
- pain in arms
- pain in elbows
- pain in hands, wrists, fingers
- pain in hips
- pain in legs
- pain in knees
- pain in feet
- difficulty walking
- painful tailbone
- swollen joints
- joint stiffness
- muscle cramps
- grating/popping noises when head is turned
- arch supports
- uncomfortable mattress
- firm mattress
- regular bed
- waterbed
- bedboard
- flat pillow
- thick pillow
- fractured bones
- which ones? _____
- arthritis

NERVOUS

- convulsions
- headaches, any relatives?
- profuse sweating
- nervousness, depression
- weakness
- dizziness
- fatigue
- irritable
- mentally sluggish/forgetful
- sciatica
- loss of balance
- fainting
- loss of taste
- loss of smell
- epilepsy, any relatives?
- paralysis

EYE, EAR NOSE & THROAT

- earache
- ear noises
- corrective lenses
- light bothers eyes
- nose bleeds
- sinus problems
- sore throats
- hoarseness
- tonsillitis
- difficulty swallowing
- cold sores
- frequent head colds

CARDIOVASCULAR/RESPIRATORY

- chest pain
- chronic cough
- difficulty breathing
- pacemaker
- swelling of ankles
- high blood pressure, any relatives?
- poor circulation
- lung problems
- hands/feet cold
- consume tobacco _____ packs/day
- anemia
- hardening arteries
- heart disease, any relatives?
- paralytic stroke, any relatives?
- varicose veins

FEMALE

- lumps in breast
- vaginal discharge
- menstrual irregularity
- menstrual cramps
- miscarriage
- menopausal symptoms
- hot flashes
- Date of last menstrual cycle _____

GENITOURINARY

- bloody urine
- frequent urination
- painful urination
- inability to control urine
- kidney infection
- painful intercourse

MISCELLANEOUS

- boils
- chills
- drug reaction - which _____
- dry skin
- eczema
- fever
- multiple sclerosis
- hemorrhoids
- influenza
- bruise easily
- weight loss
- knocked unconscious
- hospitalized
- sleep on back
- sleep on side
- sleep on stomach Warned
- difficulty sleeping
- exercise

GASTROINTESTINAL

- abdominal swelling
- belching/gas
- colon problems
- diarrhea
- excessive hunger
- hernia
- liver
- ulcers
- vomiting/nausea
- constipation
- indigestion
- consume alcohol
- consume drugs
- consume coffee _____ cups/day
- consume vitamins/minerals

OTHER CONDITIONS

- polio
- alcoholism, any relatives?
- alcohol use _____ drinks/week
- recreational drug use
- bleeding, any relatives?
- hearing disorder
- thyroid problems, any relatives?
- mumps
- chicken pox
- herpes
- hay fever
- seizures, any relatives?
- emphysema
- mental disorders, any relatives?
- jaundice
- pleurisy
- pneumonia
- tuberculosis, any relatives?
- whooping cough
- asthma
- A.I.D.S.
- gout
- malaria
- measles
- rheumatic fever
- scarlet fever
- small pox
- typhoid fever
- cancer, any relatives?
- diabetes, any relatives?
- kidney stones, any relatives?
- prostate problems
- venereal disease
- appendicitis
- gall bladder problems
- allergies - which _____

My treating chiropractor has my permission & authorization by my signature below to write on any of my chiropractic records & initial the additional written information.

Signature: _____ **Date:** _____